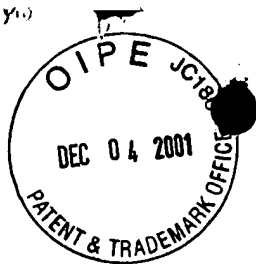


UOFMD.003C1



DAC#
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Weintraub, et al.) Group Art Unit Unknown
Appl. No. : 09/813,398)
Filed : March 20, 2001)
For : CYSTINE KNOT GROWTH)
Factor Mutants)
Examiner : Unknown)

RECEIVED
DEC 05 2001
OFFICE OF PETITIONS

PETITION FOR ACCEPTANCE OF AN UNINTENTIONALLY DELAYED CLAIM FOR
PRIORITY UNDER 37 CFR 1.78(a)(2)

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

APPLICANT HEREBY PETITIONS TO ACCEPT AN UNINTENTIONALLY
DELAYED CLAIM UNDER 35 USC 120, 121, OR 365(c) FOR THE BENEFIT OF A
PRIOR FILED APPLICATION.

1. Petition fee
(X) \$1,280
2. The proposed claim for the benefit of a prior filed application
(X) is enclosed herewith.
3. Verified statement that delay was unintentional

The entire delay between the date the claim was due under 37 CFR 1.78(a)(2)
and the date the claim was filed was unintentional.

(X) Please charge any additional fees or credit overpayment to Deposit Account No.
11-1410.

Adjustment date: 01/24/2002 AKELLEY
12/05/2001 GTEFFERA 00000147 09813398
01 FC:091 -1280.00 OP

12/05/2001 GTEFFERA 00000147 09813398

01 FC:091 1280.00 OP

Repln. Ref: 01/24/2002 AKELLEY 0014514200
DAH:11-1410 Date/Ref: 09813398
FC: 704 \$1280.00 CR

Appl. No. : 9/813,398
Filed : March 20, 2001

(X) Return prepaid postcard.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: 10/16/01

By: 

Nancy W. Vensko
Registration No. 36,298
Attorney of Record
620 Newport Center Drive
Sixteenth Floor
Newport Beach, CA 92660
(805) 547-5585

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092701

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>1-21-01</u>		2 Serial/Patent # <u>09/813398</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
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<input checked="" type="checkbox"/>	Petition	<u>4</u>	<u>12/4/01</u>	\$ <u>1280</u>
<input type="checkbox"/>	Issue			\$
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<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>1280</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check		
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<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <u>11--1410</u>		
<u>Ref unnecessary since clm was timely filed</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>F Hicks</u>		TITLE: <u>Pets Ex'n</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: <u>205-8680</u>		
OFFICE: <u>4700</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>1-23-02</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
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Fill out the form completely, and print or type all information.

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10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
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